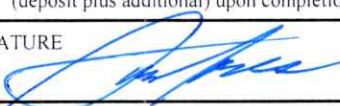


AO 436
(Rev. 12/04)

Administrative Office of the United States Courts

Read Instructions on Next Page.

CD/TAPE ORDER

1. NAME Sonia Torres Pabon		2. PHONE NUMBER 787 945-9120	3. DATE 10/07/2024	
4. MAILING ADDRESS 500 Calle Tanca, Suite 401		5. CITY San Juan	6. STATE PR	7. ZIP CODE 00901
8. CASE NUMBER 22-342	9. CASE NAME USA v. W. Vazquez	DATES OF PROCEEDINGS		
		10. FROM 10/3/2024	11. TO	
12. PRESIDING JUDGE Hon. Silvia Carreño-Coll		LOCATION OF PROCEEDINGS		
		13. CITY San Juan	14. STATE PR	
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)				
16. TAPE REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which duplicate cd/tape(s) are requested.)				
PORTION (S)	DATE(S)	PORTION(S)	DATE(S)	
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)				
<input type="checkbox"/> OPENING STATEMENT (Defendant)				
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				
<input type="checkbox"/> OPINION OF COURT				
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	10/03/2024	
<input type="checkbox"/> SENTENCING		Status Conference		
<input type="checkbox"/> BAIL HEARING				
17. ORDER				
<input type="checkbox"/> REFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A STANDARD CASSETTE RECORDER AT 1-7/8 INCHES PER SECOND		NO. OF COPIES REQUESTED	COSTS	
<input type="checkbox"/> UNREFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A 4-TRACK CASSETTE RECORDER AT 1-7/8 INCHES PER SECOND				
<input type="checkbox"/> UNREFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A 4-TRACK CASSETTE RECORDER AT 15/16 INCHES PER SECOND				
<input type="checkbox"/> RECORDABLE COMPACT DISC - CD				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional) upon completion of the order.		ESTIMATE TOTAL	0.00	
18. SIGNATURE 		19. DATE 10/03/2024		
PROCESSED BY		PHONE NUMBER		
ORDER RECEIVED	DATE	BY	DEPOSIT PAID	
DEPOSIT PAID			TOTAL CHARGES	0.00
TAPE / CD DUPLICATED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TAPE			TOTAL REFUNDED	
PARTY RECEIVED TAPE / CD			TOTAL DUE	0.00

DISTRIBUTION:

COURT COPY

ORDER RECEIPT

ORDER COPY